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**CONFIRMATION NO. 6403**

SERIAL NUMBER 09/811,367	FILING OR 371(c) DATE 03/16/2001 RULE	CLASS 514	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 021286/027 8719
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/190,716 03/17/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/31/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	5	61	10
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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**TITLE**

SOLUBLE MAST CELL FUNCTION ASSOCIATED ANTIGEN (MAFA) PHARMACEUTICAL COMPOSITIONS AND METHODS OF MAKING AND USING THEM

FILING FEE RECEIVED 2728	<p>FEES: Authority has been given in Paper        No. _____ to charge/credit DEPOSIT ACCOUNT        No. _____ for following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Fees</li> <li><input type="checkbox"/> 1.16 Fees ( Filing )</li> <li><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</li> <li><input type="checkbox"/> 1.18 Fees ( Issue )</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Credit</li> </ul>
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